

# One Health

## Policy Position Statement

**Key messages:** Existing and emerging threats to health are increasingly occurring at the interface of humans, animals, plants and eco-systems. One Health is a globally recognised approach to optimise prevention and management of these risks, enabling collaboration across sectors, disciplines and communities. One Health action recognises that human health and well-being is inextricably linked and interdependent to the health of animals and plants within a shared ecosystem.

- Key policy positions:**
1. Support and promote the development of One Health governance structures with equitable representation of all disciplines, sectors and community organisations and PHAA members relevant to the operationalisation of One Health both locally and regionally.
  2. Collaborate with other relevant Special Interest Groups (SIGs) in the PHAA, as well as the animal and human health and agriculture and environment sectors to develop joint policies and activities.
  3. Support operationalisation of the One Health practices within the established Australian Centre for Disease Control and Prevention (CDC), promoting development of a National One Health Joint Plan of Action mirrored on the Quadripartite One Health Joint Plan of Action and Guide to implementation of this plan nationally.
  4. Using shared knowledge and resources, and supporting translational research to address the growing burden of non-communicable diseases.
  5. Identify and support the development of One Health education and training in Australia, New Zealand, and the Asia Pacific region.
  6. Priority areas include One Health governance, antimicrobial resistance and stewardship, food security and safety, zoonoses and emerging infectious diseases, and fostering incorporation of One Health in teaching curriculums, workforce development, and research priorities.

**Audience:** Federal, State, and Territory Governments, policymakers and program managers, PHAA members, and the media. Other relevant stakeholder groups involved in human health, public health, agriculture, animal health, and environmental management.

**Responsibility:** PHAA One Health Special Interest Group

**Contact:** Dr. Andrea Britton, One Health Co-Convenor

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PHAA affirms the following principles:

Useful reading for this policy includes: [One health joint plan of action \(2022–2026\)](#) and [A guide to implementing the One Health Joint Plan of Action at national level](#).

1. Operationalisation of One Health is critically required to effectively address increasing threats at the interface between human, animal, plant and ecosystem health, nationally, regionally, and globally.
2. Australia's national public health, environmental, industry and agricultural policies exist in a global context. Within this, recognition of the direct and indirect effects of changes driven by human activity on the health of people, animals and their shared environment is essential.

PHAA notes the following evidence:

3. Humans, animals, and ecosystems are under increasing threat from emerging infectious diseases (EIDs), antimicrobial resistance (AMR), and non-communicable diseases. These threats pose significant risks to health and wellbeing, social structures, food safety and security and economic stability nationally, regionally, and globally.<sup>1-3</sup>
4. Zoonotic diseases originate in animals and spread to humans, and account for over 50% of EIDs. Many zoonoses are linked to wildlife species, with wildlife acting as a source, or a reservoir, of infection for other wildlife or domestic animal species. These can then act as intermediate hosts becoming a potential source of human infection.<sup>4,5</sup> Of equal weight is the impact of 'reverse zoonoses' on animal health and biodiversity loss in ecosystems.<sup>6</sup>
5. Threats at the human/animal/ecosystem interface are driven by many factors, in particular anthropogenic climate change, changes in land use,<sup>7</sup> loss of biodiversity and environmental damage.<sup>8</sup> Socio-economic, political, evolutionary and other environmental determinants are also contributing factors.<sup>9</sup>
6. One Health recognises the close relationship and interdependence between the health of humans, domestic and wild animals, plants, and the wider environment, providing a collaborative, multisectoral and transdisciplinary approach to health. This approach improves and promotes well-being and sustainability, optimising prevention, preparedness and response to threats at the interface of humans, animals and ecosystems.<sup>10</sup>
7. Equitable cooperation across disciplines, sectors, and communities is crucial to achieve optimal health outcomes, combining diverse experience, knowledge, and resources to address shared problems. This is of particular importance in the management of zoonoses and EIDs, AMR, and food safety and security<sup>11,12</sup> and can also improve outcomes in non-communicable diseases.<sup>13</sup>
8. The inclusion of the One Health Unit within the nascent Australian CDC recognises the essential role of One Health within governance and operation of national and regional public health bodies. Continued government resourcing supporting operationalization of One Health is required.
9. These interconnections and vulnerabilities have been illustrated particularly in the area of disease emergence, with the COVID-19 pandemic and the global H5N1 influenza panzootic in animals highlighting the need for an integrative and systemic approach to health.

10. Both globally<sup>1</sup> and nationally,<sup>14</sup> strategies to combat AMR acknowledge the need for collaborative, multisectoral and transdisciplinary action. This requires clear governance and sustainable funding, acknowledged the national AMR strategy and the One Health Master Action Plan.<sup>14</sup> Agreed action by UN member states at the General Assembly High-Level meeting on AMR included the strengthening of sector-specific AMR and antimicrobial use surveillance, as well as increasing capacity for comprehensive primary and secondary prevention strategies
11. Maintenance of food safety and security are of increasing importance in the face of increased population growth and the impacts of climate change and accompanying extreme weather events, including drought, floods and bushfires. This is of particular concern in low – middle-income countries and vulnerable communities, increasing the risk of under-nutrition and micronutrient deficiencies.<sup>11</sup> In Australia, long-term modelling points to increased stress on agricultural industries and the probable increase in the prices of grain and meat. This highlights the need for diversification and adaptation to ensure future food security and sustainability of agricultural industries.<sup>15</sup>
12. In 2021, the heads of the World Health Organisation (WHO), Food and Agricultural Organisation (FAO), World Organisation for Animal Health (WOAH) and the United Nations Environmental Program (UNEP) responded to the need to operationalise One Health by the formation of the One Health high-level expert council (OHHLEP).<sup>17, 18</sup> This move was supported by the G20 leaders in *The Rome Declaration*, recognising the need to strengthen global health responses to achieve Sustainable Development Goals. Within this, a One Health approach was seen as essential to addressing risks emerging from the human-animal-environmental interface and the threat of antimicrobial resistance.<sup>19</sup>
13. The Quadripartite was formed in 2022 with the signing of a Memorandum of Understanding between WHO, FAO, WOAH and UNEP. This agreement provides a legal framework for an integrated and coordinated approach to challenges at the human, animal and ecosystem interface.<sup>20</sup>
14. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goal 3 – [Good Health and Wellbeing](#).

### PHAA seeks the following actions:

15. The Government must legislate the permanent establishment of the Australian CDC to optimise preparedness and response to new and emerging health threats. The Australian CDC must be independent of the Department of Health, Disability and Ageing.
16. Government funding to support operationalisation of One Health within the permanent and legislated Australian CDC should be continued and expanded.
17. Universities should support the development of One Health curricula and advocate for its inclusion into curricula across relevant sectors and disciplines to build capacity within health systems by equipping graduates, practitioners, and policy makers.
18. Provision of bespoke funding and support of research, collaboration and cooperation among the disciplines and institutions relevant to One Health.
19. Advocate for and contribute to developing and maintaining integrated surveillance systems across human healthcare, animal (livestock, companion, wild) healthcare and the environment.

### PHAA resolves to:

20. Advocate for the above steps to be taken based on the principles in this position statement and for development of National One Health Joint Plan of Action.

21. Advocate for and promote operationalisation of One Health and the development of research, education and training in One Health in Australia, New Zealand and the Asia Pacific region.
22. Advocate for incorporation of the One Health approach within governance and operations in the Australian CDC using the Biosecurity Australia model (<https://www.biosecurity.gov.au/>) across the States and Territories.
23. Advocate for Australia to support implementation of the recently endorsed [WHO Pandemic Agreement](#) globally and nationally.
24. Facilitate cooperation between individuals and institutions that represent the multiple disciplines relevant to One Health in Australia, New Zealand and the Asia Pacific region.
25. Pursue relationships and collaborations with other relevant SIGs within the PHAA, animal and human health, agriculture and environment sectors to develop joint policies, advocacy and action.
26. Hold the government to working through the articles in the WHO Pandemic Agreement (and the One Health principles stated) and implementing the agreement.
27. Support incorporation of recognised One Health evaluation frameworks to demonstrate the benefits of One Health collaborations for optimal health.

**First adopted 2012, revised 2015, 2018, 2021 and 2025**

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